



2823

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/678,414
Filing Date	October 2, 2000
First Named Inventor	David W. Carlson
Group Art Unit	2823
Examiner Name	Kebede, Brook
Total Number of Pages in This Submission	49
Attorney Docket Number	100-13602 (P04797-C2)

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final (Response) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Form PTO-1449  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li><input type="checkbox"/> Return Receipt Postcard</li> <li><input type="checkbox"/> Certificate of Mailing</li> <li><input type="checkbox"/> Appendix A (2 sheets of annotated marked-up drawings)</li> <li><input type="checkbox"/> Appendix B (2 sheets of replacement drawings)</li> <li><input type="checkbox"/> Appendix C (4 sheets)</li> <li><input type="checkbox"/> Appendix D (5 sheets)</li> <li><input type="checkbox"/> Appendix E (8 sheets)</li> </ul>
	Remarks	Please charge any necessary fees or credit overpayment to Deposit Account No. 502305. A duplicate copy of this transmittal is attached for this purpose.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark C. Pickering, Reg. No. 36,239
Signature	
Date	May 20, 2005

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